

Uniform Commercial Code — Financing Statement — Form UCC-1

1. Type form. 2. If space is inadequate continue on additional sheet. 3. Enclose filing fee.
4. Filings in the Secretary of State's Office must contain either the debtor's federal employer identification number or social security number.

DOUGLAS COUNTY CLERK

Prepaid account number _____

1. Debtor (if individual, last name first) and address:

Oread Biosafety, Inc.
1501 Wakarusa Drive
Lawrence, KS 66047

FEIN 06-1445297 or SSN _____

Debtor (if individual, last name first) and address:

FEIN _____ or SSN _____

2. Secured Party and address (there may be more than one):
(Type information inside gray area)

Fleet National Bank
777 Main Street
Hartford, CT 06115

For filing officer

9012793

FILED
DOUGLAS COUNTY KANSAS
1996 JUL -1 AM 9:42
SUE NEUSTIFTER
REGISTER OF DEEDS

3. Assignee and address if applicable

4. Mark, if applicable: ☒ Products of collateral are also covered ☐ The debtor is a transmitting utility

5. (a) This financing statement covers the following types (or items) of property: (Describe)

See Schedule A attached hereto and made a part hereof

(b) If collateral is crops, the above described crops are growing or are to be grown on: (Describe real estate)

(c) If applicable, the above (goods are to be come fixtures on:) (timber is standing on:) (minerals or the like, including oil and gas, or accounts will be financed at the wellhead or minehead of the well or mine located on:) (Legal description of real estate)

Name of record owner: _____

6. If filing without debtor signature items a, b, c or d must be marked:

- a. ☐ Collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location is changed to this state.
- b. ☐ Collateral is proceeds of the original collateral in which a security interest was perfected
- c. ☐ Collateral as to which the filing has lapsed.
- d. ☐ The filing covers collateral acquired after a change of name identity or corporate structure of debtor

OREAD BIOSAFETY, INC.

By [Signature]
Signature of Debtor

FLEET NATIONAL BANK

By [Signature]
Signature of Secured Party (or assignee)

Signature of Debtor

Signature of Secured Party (or assignee)

(1) FILING OFFICER COPY

Form UCC-1 Form approved by Kansas Secretary of State

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